

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



April 7, 1983

ALL COUNTY INFORMATION NOTICE NO. 1-47-83

TO: ALL COUNTY WELFARE DEPARTMENTS  
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES  
ALL DEPARTMENT OF SOCIAL SERVICES ADOPTION DISTRICT OFFICES

SUBJECT: ADOPTION ASSISTANCE PROGRAM FORMS

This notice transmits four new forms for the Adoption Assistance Program (AAP). These forms are the FC 8, the FC 9, and the FC 10 (used to collect and transmit the data necessary to make federal Adoption Assistance Program eligibility determinations as required by Manual of Policies and Procedures Section 45-803), and the NA 791 (used to provide notice of action regarding the Adoption Assistance payment).

The Federal Eligibility Certification for Adoption Assistance Program form (FC 8) is used by the adoption agency to request information about federal eligibility. The top half of the form is completed by the adoption agency and sent to the county welfare department which had responsibility for placement and care of the child when the child became a court dependent. If the child is a ward, or a dependent in a non-delegated county, the FC 8 is sent to the county welfare department in the county where the probation department had responsibility for placement and care. Should the child be receiving SSI/SSP, the FC 8 is sent to the county welfare department where the child was residing at the time of referral to the adoption agency. The eligibility worker will complete the bottom half of the FC 8 by checking all appropriate information and signing the form, and return it to the adoption agency.

The Federal Eligibility Information for Adoption Assistance Program form (FC 9) is used to transmit eligibility information from the adoption agency to the county welfare department responsible for payment. The form is completed by the adoption worker in conjunction with the Payment Instructions-Adoption Assistance Program (AAP2). Item 4 on the FC 9 will verify the income and property status of the child. If the child has acquired property and/or has income available, this must be listed on the FC 9.

The use of two forms, the FC 8 and FC 9, to determine federal eligibility is necessary to assist county welfare departments and adoption agencies in the eligibility determination process, and to protect the confidentiality of the cases. Since the county welfare department making the Adoption Assistance payments will have only the child's adoptive name, all information pertaining to eligibility requiring the child's biological name will be gathered and maintained by the adoption agency. This information will be sent under the child's adoptive name to the county welfare department responsible for the AAP payment, thereby insuring confidentiality.

The Income and Property Checklist for Federal Eligibility Determination form (FC 10) is used to assist the adoption worker in collecting the necessary information regarding the child in relation to income and property requirements.

Because the form outlines all items of income and property to be considered for federal eligibility, the Department recommends that this form be used by the adoption worker to document and substantiate the response to item 4 of the FC 9.

The Notice of Action form (NA 791) is completed by the county welfare department and sent to the adoptive parent(s), with a copy to the adoption agency, when an action to grant, deny, restore, increase, discontinue, suspend, or decrease the Adoption Assistance payment will be taken. The Notice is initiated by the county welfare department in accordance with MPP Section 45-805.

These forms are required unless the county chooses to substitute with forms approved by the Department. Local agencies may utilize the attached forms for reproduction until regular supplies become available through the Departmental Warehouse. All four forms should be ordered after April 15, 1983 on the Form GEN 727-B from the State Department of Social Services Warehouse, P.O. Box 22429, Sacramento, 95822.

If there are any questions regarding this notice, please contact the Foster Care Program Bureau at (916) 445-0813.

  
KYLE S. MCKINSEY  
Deputy Director

**FEDERAL ELIGIBILITY CERTIFICATION FOR  
ADOPTION ASSISTANCE PROGRAM**

Complete one copy and submit it to the  
Adoption Agency listed below.

TO:

CHILD'S NAME	
CHILD'S BIRTHDATE	
STATE ADOPTION CASE NO	ADOPTION AGENCY CASE NO
ADA	
COUNTY CASE NO	

FROM:

ADOPTION AGENCY NAME	NAME OF AUTHORIZED OFFICIAL OF ADOPTION AGENCY
ADOPTION AGENCY ADDRESS	TELEPHONE NUMBER
	DATE

We are requesting the following information for the purpose of determining the eligibility of the above-named child for federal reimbursement of the costs of Adoption Assistance Program payments. Please provide the following information, checking all applicable boxes.

	YES	NO	VERIFICATION
1. The child is receiving Supplemental Security Income benefits (SSI/SSP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child listed on State Data Exchange (SDX) Register. <input type="checkbox"/> Other (specify)
2. In the month of filing the petition which led to the court order for removal of the child from his parent(s) or relative, the child met the linkage determination for federal AFDC-FC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copy of Form FC 3 attached.
3. The court order in Item No. 2 is still in effect, or was dismissed because the child was relinquished or freed from parental control by one or more parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copy of Form FC 3 attached.
4. The child currently meets the income and property requirements for AFDC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child currently receiving AFDC-FC or FG/U. <input type="checkbox"/> Other (specify)

I certify that the above information is true to the best of my knowledge.

SIGNATURE OF ELIGIBILITY WORKER	DATE	TELEPHONE NUMBER
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**FEDERAL ELIGIBILITY INFORMATION  
FOR ADOPTION ASSISTANCE PROGRAM****DISTRIBUTION:**

Original : County Welfare Department  
Copy : Agency File

CHILD'S NAME	
CHILD'S DATE OF BIRTH	
STATE ADOPTION CASE NO.	ADOPTION AGENCY CASE NO.
COUNTY CASE NO.	

We are providing the following information on the above named child for the purpose of determining federal eligibility for Adoption Assistance Program payments. Verification of the following information is in our case record.

- ☐ 1. The child meets the eligibility requirements for supplemental security income benefits (SSI/SSP)
- ☐ 2. In the month of the petition which led to the court order for removal of the child from his parent(s) or relative, the child met the linkage determination for federal AFDC-FC.
- ☐ 3. The court order in item #2 is still in effect, or was dismissed because the child was relinquished or freed from parental control by one or more parents.
- ☐ 4. We have reviewed the income and property status of the child, and have determined that at the time the petition for adoption or interlocutory decree will be filed, the child:
- ☐ Will have no income available and owns no property
- ☐ Will own property and/or has income available as listed below:

MONTHLY INCOME AVAILABLE		PROPERTY OWNED	
SOURCE	AMOUNT	TYPE OF PROPERTY	AMOUNT / VALUE
		PERSONAL PROPERTY	
		CASH AND SECURITIES	
		OTHER PERSONAL PROPERTY (SPECIFY)	
		a.	
		b.	
		c.	
		REAL PROPERTY (SPECIFY)	
SIGNATURE OF AUTHORIZED OFFICIAL OR ADOPTION AGENCY		ADOPTION AGENCY NAME	
TELEPHONE NUMBER		ADOPTION AGENCY ADDRESS	
DATE			

**COUNTY ELIGIBILITY WORKER USE ONLY**

- ☐ Eligible for FFP, Item No. 1 checked.      ☐ Eligible for FFP, Items No. 2 and 3 checked and child meets income and property requirements.      ☐ Not eligible for FFP.

# **INCOME AND PROPERTY CHECKLIST FOR FEDERAL ELIGIBILITY DETERMINATION — ADOPTION ASSISTANCE PROGRAM**

All information listed below should be reviewed to determine whether the child meets the requirements for federal AAP eligibility. Please review each item with regard to the child's income and property status. If the information can be consolidated on the FC 9, this form may remain in the case records for verification purposes. If not, attach a copy of this form to the FC 9 before transmittal to the county welfare department.

1. Does the child have any of the resources listed below? ..... YES NO  
☐ ☐

If Yes, explain below.

- |                     |                                  |   |
|---------------------|----------------------------------|---|
| a. Cash             | d. Credit union account          | g. Trust fund   |
| b. Savings account  | e. Checks                        | h. Stocks, bonds, certificates                            |
| c. Checking account | f. Notes, mortgages, trust deeds | i. Other resources which can be quickly changed into cash |

Type of Resource	Current Value	Location	Account Number
	\$		
	\$		
	\$		
	\$		
	\$		

2. Does the child receive, or expect to receive at the time the petition for interlocutory or adoption is filed, income from the following sources? ..... ☐ ☐

If Yes, explain below.

- |                                |  |   |
|--------------------------------|--|---|
| a. Contributions or cash gifts | c. Tax refunds                           | e. Interest, dividends                    |
| b. Sale of property            | d. Legal or accident settlements pending | f. Scholarships, grants, loans for school |

Source of Income	Date Received or Expected	Amount	How Often
		\$	
		\$	
		\$	
		\$	
		\$	

3. Does the child own personal property which cost at least \$100 for each item or is now worth at least \$100 each? ..... ☐ ☐
- If Yes, list below. Do not list clothing, furniture, televisions, or household furnishings. List musical equipment, recreational equipment, livestock, etc.

Item	Purchase Price or Current Price
	\$
	\$
	\$
	\$
	\$

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Year, Make, and Model	License No. and State of Registration	Current License Fee	Amount Owed	Monthly Payments
			\$	\$
			\$	\$
			\$	\$

8. Does the child own, or have exclusive use of any motor vehicle(s)? .....  
If Yes, complete the following:

Type	Address or Location

7. Does the child hold any property in his/her own name? .....  
If Yes, list below:

Gross Income	Federal Withholding	State Withholding	Social Security
\$	\$	\$	\$
\$	\$	\$	\$

List gross income and mandatory deductions below:  
If Yes, how many hours per month? .....

Is the child employed? .....

If Yes, fulltime? .....

6. If the child is 16 years or older, is he/she presently attending school or a training program? .....

Item	Received From	Value
a. Housing		\$
b. Utilities		\$
c. Food		\$
d. Clothes		\$

5. Does the child receive any of the following for free or in exchange for work that he/she does? .....  
If Yes, list below:

Type	Name of Company	Premium Paid By	Amount Paid	How Often
			\$	
			\$	
			\$	
			\$	
			\$	

4. Does the child have any insurance coverage? .....  
If Yes, list below:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

# Notice of Action

*If you have questions or want more information  
about this action, please contact your adoption worker.*

Case Name :  
Case Number :  
Adoption Worker :  
Phone :  
Date :

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**Description of the Action.** Effective \_\_\_\_\_, the following Adoption Assistance action is being taken:

- ☐ Monthly payments of \$ \_\_\_\_\_ are approved.
- ☐ Your application is denied.
- ☐ Monthly payments are increased to \$ \_\_\_\_\_.
- ☐ Monthly payments are decreased to \$ \_\_\_\_\_.
- ☐ Monthly payments are restored to \$ \_\_\_\_\_.
- ☐ Payments are discontinued.
- ☐ Payments are suspended. To request that we resume payments, contact your adoption worker.

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**Reason for the Action.**

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**Comments.**

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**Regulations.** *This action is required by the following state regulations which are available for review at the Adoption Agency: California Administrative Code Title 22, Division 2, Chapter 3, Subchapter 2, Article 7, Sections 30667, 30669, 30671.*

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**State Hearing.** *If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.*

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# Your Right to Appeal This Action

## How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

Office of the Chief Referee  
State Department of Social Services  
744 P Street, Mail Station 6-100  
Sacramento, CA 95814

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253\*

For the Deaf Only TDD (800) 952-8349\*

\*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write or come in.

Public Inquiry and Response  
State Department of Social Services  
744 P Street, Mail Station 16-23  
Sacramento, CA 95814

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county or adoption worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

**FOOD STAMPS+ AND CASH AID:** If this action stops or reduces your food stamps or cash aid and you ask for a hearing before the effective date of the action, your benefits may continue unchanged until you receive your hearing decision. Food Stamps will not continue past the end of your current certification period.

## Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

## Request for a State Hearing

Name	
Address	
City	State
Zip Code	
I am requesting a state hearing because of an action by the welfare department of _____ county related to my family's: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Adoption Assistance Program Payments	
Reasons for my request:	

<input type="checkbox"/> I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)	Language
<input type="checkbox"/> I want my food stamps terminated or reduced to the new amount determined by the county until the hearing decision is in my favor, the county will make up the food stamps I lose as a result of checking this box.	Dialect
Food Stamps: If any portion of food stamps provided to you while awaiting the hearing decision is determined to be an overissuance, the county may recover the value of the overissuance. If you want to avoid the possibility of such an overissuance, you may check the box below.	

Signature	Date
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The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may do so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority W/81C 10950.